PTO/SB/06 (07-06)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number Filing Date 10/524.993 02/18/2005 To be Mailed Substitute for Form PTO-875 APPLICATION AS FILED - PART I OTHER THAN (Column 1) (Column 2) SMALL ENTITY OR SMALL ENTITY FEE (\$) FOR NUMBER FILED NUMBER EXTRA RATE (\$) RATE (\$) FEE (\$) ☐ BASIC FEE N/A N/A N/A N/A (37 CFR 1.16(a), (b), or (c)) SEARCH FEE N/A N/A N/A N/A (37 CFR 1.16(k), (i), or (m)) EXAMINATION FEE N/A N/A N/A N/A (37 CFR 1.16(o), (p), or (q)) TOTAL CLAIMS OR minus 20 = X \$ X \$ (37 CFR 1.16(i)) INDEPENDENT CLAIMS X \$ = minus 3 = X S (37 CFR 1.16(h)) If the specification and drawings exceed 100 sheets of paper, the application size fee due PAPPLICATION SIZE FEE is \$250 (\$125 for small entity) for each (37 CFR 1.16(s)) additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j)) * If the difference in column 1 is less than zero, enter *0" in column 2. **TOTAL** TOTAL APPLICATION AS AMENDED - PART II OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY CLAIMS ADDITIONAL REMAINING PRESENT ADDITIONAL NUMBER RATE (\$) 02/20/2007 RATE (\$) PREVIOUSLY **EXTRA** AFTER FEE (\$) FEE (\$) AMENDMENT AMENDMENT PAID FOR Total (37 CFR • 10 Minus ** 22 = 0 OR X \$50= 0 X \$ = Independent (37 CFR 1.16(h)) • 2 Minus ···10 = 0 X \$ OR X \$200≃ 0 Application Size Fee (37 CFR 1.16(s)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) TOTAL TOTAL ADD'L 0 ADD'L OR 5-31-07 (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST REMAINING PRESENT ADDITIONAL ADDITIONAL NUMBER RATE (\$) RATE (\$) PREVIOUSLY AFTER **FXTRA** FEE (\$) FEE (\$) κ AMENDMENT PAID FOR Total (37 CFR Minus X \$ OR X \$ = ENDM Minus X \$ OR X \$ Application Size Fee (37 CFR 1.16(s)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) TOTAL TOTAL ADD'L OR ADD'L FFF **FFF** * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. Legal Instrument Examiner: ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

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